

10/540813

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	✓		✓			
3		✓		✓		
4		✓		✓		
5		✓		✓		
6		✓		✓		
7		✓		✓		
8		✓		✓		
9		✓		✓		
10		✓		✓		
11		✓		✓		
12		✓		✓		
13		✓		✓		
14		✓		✓		
15		✓		✓		
16		✓		✓		
17	✓		✓			
18		✓		✓		
19		✓		✓		
20		✓		✓		
21		✓		✓		
22		✓		✓		
23		✓		✓		
24	✓					
25		✓		✓		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		25	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						